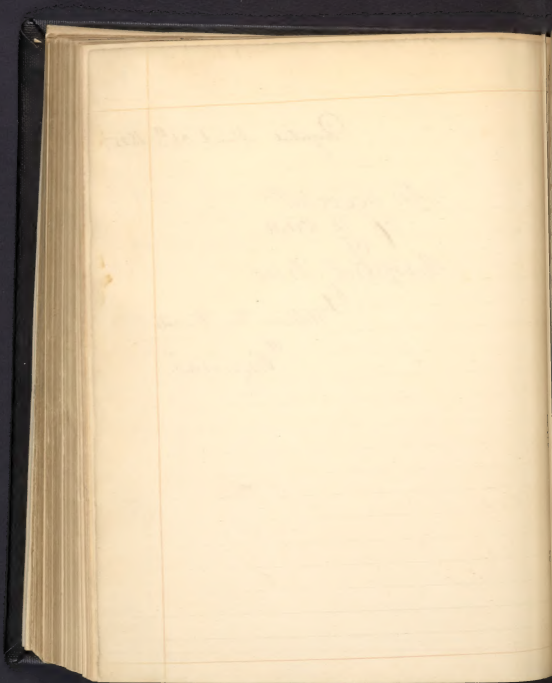


Revised March 24th 1825.

An account
of a case
of
Purpural Fever
by
William Wm. Wraswells
of Virginia



Therpepal Fever

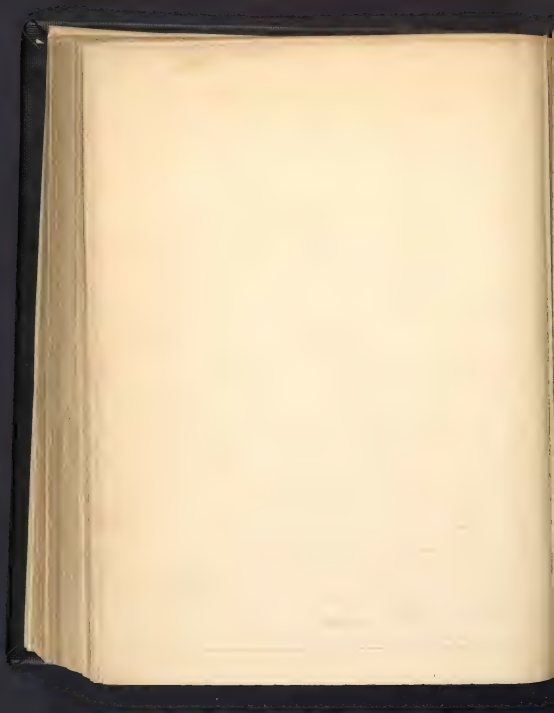
In thus offering as one of the Tests of my medical acquirements an Inaugural dissertation I am aware that nothing original or any thing replete with substantiated facts from my own experience are expected, many causes are combined to render such a production impracticable, these causes I shall not minutely detail, sufficient to say that the allwise author of my Nature has not endowed me with talents by which I can at the slightest glance dive into the mysteries of our science; and, secondly the limited period which embraces my medical career has not afforded me a single opportunity by which I can bring to bear a stock of knowledge additionally interesting or amusing, all that I shall attempt in this place is simply to give a tolerably correct account of a case of "Therpepal Fever" which presented itself to my own immediate observation, for I deem'd it interesting so far as that it was confirmatory

evidence of the practice heretofore
pursued in this affection, even in
this I may fail if so I have a
remaining consolation that every allowance
will be made by its wise and compassionate
examiners that come within the limits
of propriety. In reviewing the many important
subjects which arrest the attention of the
physician I have chosen one of a
practical nature and one which has
received the attention of some of the
most distinguished writers of the past
or present day. It may naturally be
asked why I have chosen to make a
simple detail of facts answer the
important purpose of an inaugural
thesis: To this I can give the reason
above stated or in other words that
I am incompetent to a higher task.
There has been much contrariety of
opinion existing respecting the causes
of this disease from the days of Hippocrates
to the present, some having ascribed

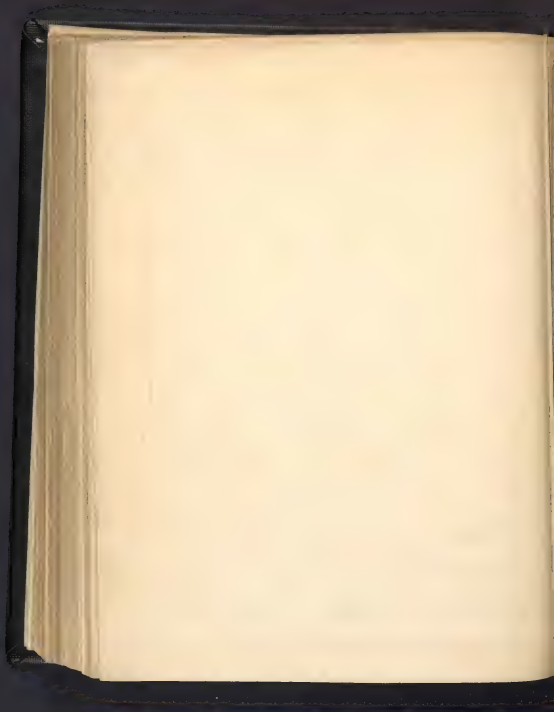
positively that the origin of it depended upon certain states of the atmosphere but from what circumstances this opinion could have originated it remains not for me to decide. Others again have supposed that it depended upon an obstruction of the Lachial discharge while others with equally erroneous ideas have attributed it to a translocation of milk, from taking cold, from some offending and acrid matter in the primæ viæ, from an absorption of the Lachia in a state of putridity, from contagion, and from some injury received in parturition. From my imperfect and limited views of this most important disease there cannot be stranger or more imposing evidence adduced in support of its being purely a most inflammatory affection than simply the state into which the uterus is thrown

in the process of parturition, for subsequent to the separation of the placenta can the uterus be viewed in any other light than that of a recently wounded member to which inflammation may be very readily imparted, more particularly if the Lochial discharge as I believe it almost always is in this disease be diminished or suppress'd. And in addition to this natural predisposition which this viscus has to take on the inflammatory diathesis, may it not be increased by a very frequent and the universal practice with midwives of making too frequent and unnecessary examinations of the os uteri and too hastily extracting the placenta for it is quite rational to suppose that much excitement may be the consequence of such proceedings on the part of the practitioner, for may not the uterus itself receive some injury? or it may contract on a small portion of

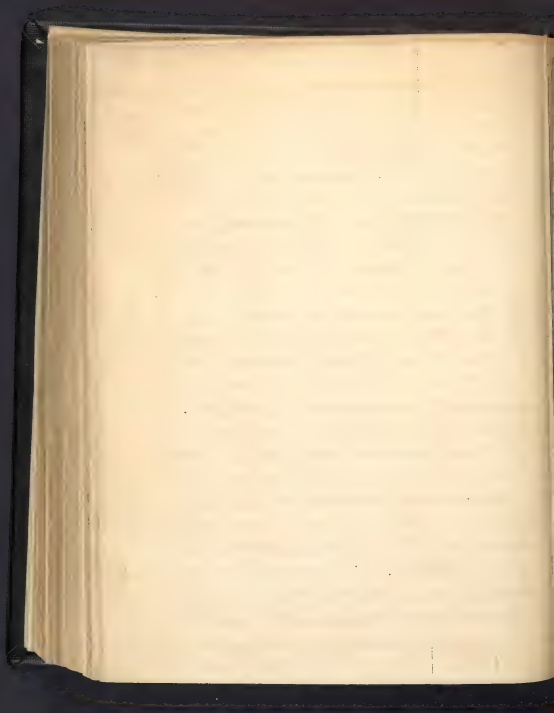
The afterbirth left attached to its ^{uterine} interior
 any of these causes might act as
 powerful excipients towards the production
 of this affection. Cold I believe is
 very frequently a most prolific cause
 of this disease as has been supposed
 by some writers on this subject but
 still I am of opinion that it more
 generally proceeds from some injury
 sustained in the process of parturition
 either natural or artificial I wish to
 be understood relative to the uterus
 natural and artificial parturition.
 The first implies the natural efforts
 made by this organ to expel its
 contents and the second that
 assistance which is required to
 promote those efforts. The uterus
 is generally in a weak and relaxed
 state subsequent to parturition and is
 not this condition particularly inviting
 to disease and I should imagine that
 this state of the uterus conjoined



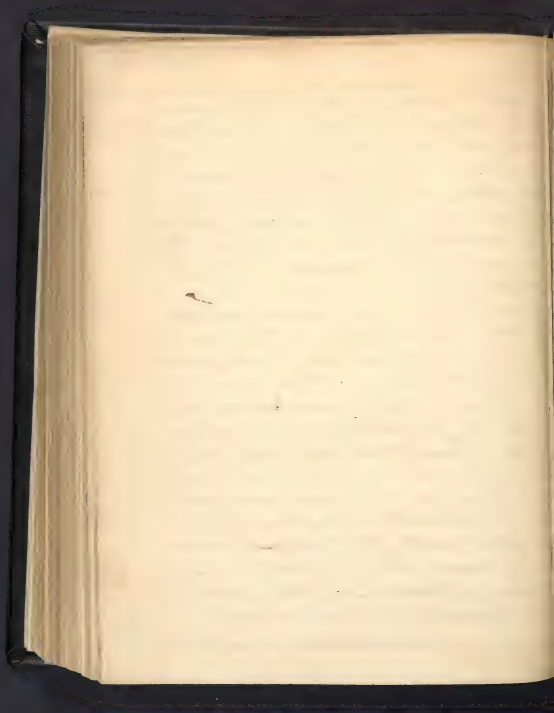
to the other circumstances which I have
mentioned would be amply sufficient
to the production of this disease without
bringing into requisition the many other
supposed causes of it, such as
atmospherical influence, translocation of
milk &c. But be the cause what it
may if we were solicited to attend
a patient after delivery and found
her labouring under violent inflammation
symptoms such as fever with all of
its concomitants, with, pulse strong
and preternaturally quick and full
the skin hot and dry, the tongue foul
and parched, with great itiness
of face and distention, respiration
laboured and laborious, The secretions
either diminished or suppressed and
finally if we saw our patient recover
under the administration of those
remedies which are calculated to
combat inflammatory action. How great
inference should we draw from these



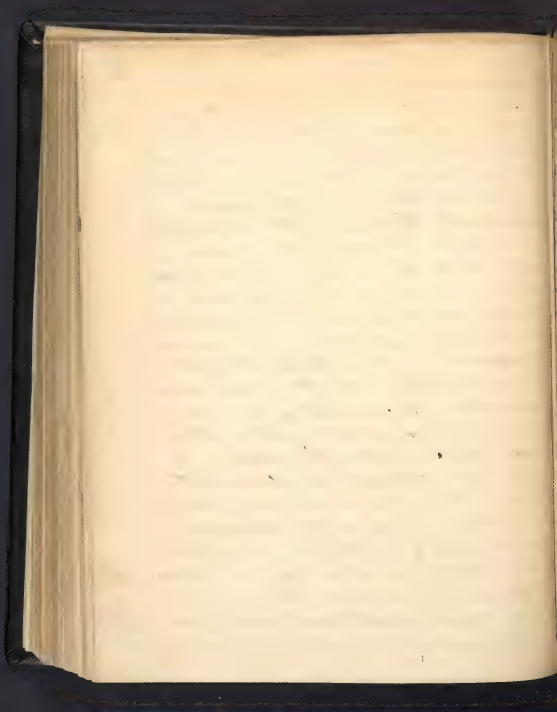
phenomena? Should I not be justifiable
in pronouncing this to be purely
an inflammatory affection seated and
originating in the uterus and involving
the peritoneum and adjacent parts
through the medium of sympathy or
nervous influence. It is a question
which has divided the sentiments of
many of the best writers whether Puerperal
fever be an infectious disease or
not; of this subject I will say nothing
for one very obvious reason because
I feel much difficulty in coming to
a satisfactory conclusion upon this
subject. Though I should suppose
that those persons who presumed this
disease to be a modification of
the common Hospital or jail fever
should on the very same principles
believe it to be an infectious
disease. But if the disease ^{is} of this
nature I can see no reason why
it should not communicate a putrid



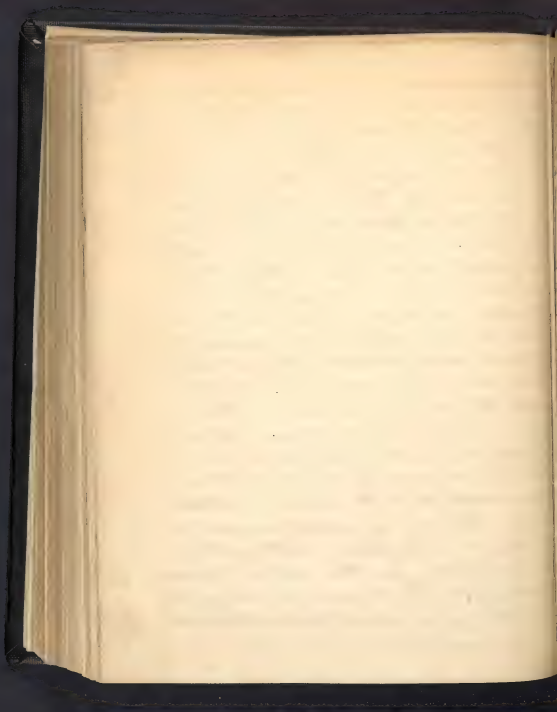
fatal to persons not in the Purpuræ
state which in my opinion never happens
and why should this disease be any more
indecisive than Hepatitis, Pleuritis or
any other disease of high inflammatory
action and I believe if ever symptoms
of putridity do supervene they are the
products of the preceding state of
septicæmia and it is my firm
belief that if a practitioner contents
himself in waiting for the accession
of the putrid symptoms to satisfy himself
of the nature of this affection
he would most unquestionably consign
half of his patients to an untimely
grave. These then are my very
limited views of this most important
affection and I will now proceed
to a succinct description of its
symptoms with the treatment which
was found best adapted to its
cure. November 22nd 1823. Case. I
was requested to visit a woman



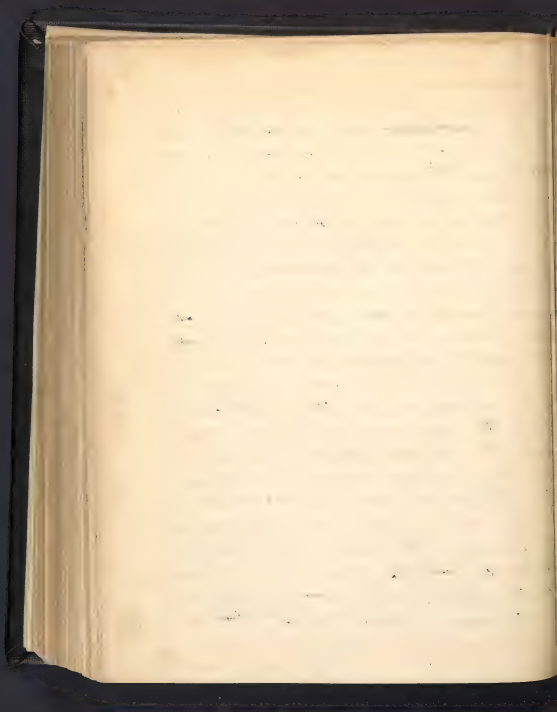
when I found labouring under the symptoms
of Puerperal Fever. On the third day after
having been delivered of a dead foetus
she was attacked with a chill followed
by considerable fever and general
excitement throughout the whole system
accompanied with nausea and vomiting
after which she complained of much ~~of~~
universal uneasiness about the uterine
region which gradually increased to
violent pain, attended by a general
tumefaction and enlargement of the
abdomen which was, when prep'd upon,
production of excruciating pain. The
tongue was encrusted with a thick
and tenacious fur, the secretion of
milk was suppressed as also was the
lochia; the respiration was hurried
and laborious and the pulse being
one hundred and twenty in a minute.
The depletory practice being now indicated
I accordingly drew from the arm by a
large orifice about twenty ounces of blood



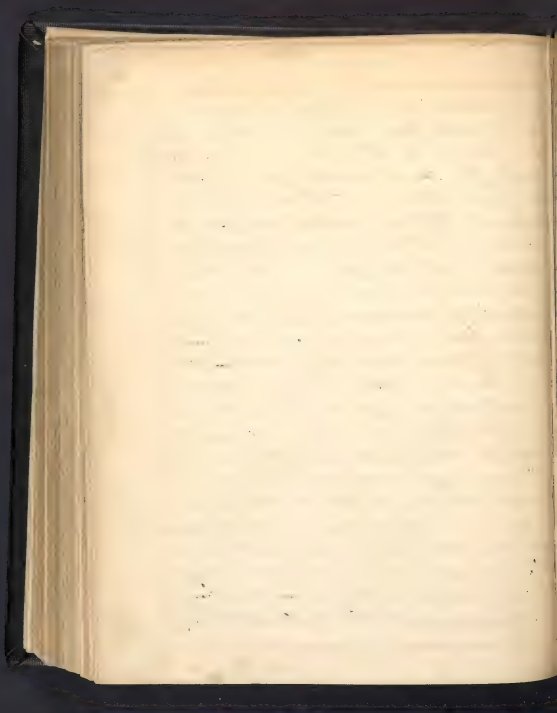
which produced some degree of syncope
 after which I administered twelve grains
 of Calomel in mucilage of Elm-bark to
 expedite the operation of which I administered
 two drachms of Epsom salts every hour
 untill copious fecal evacuations were
 produced. November 23^d. I again visited
 my patient and found that the
 medicine which I prescribed had
 operated and many copious stools had
 been procured which were uncommonly
 offensive and resembled Coffeygrounds in
 appearance. The nausea and vomiting
 with the violent pain in the
 uterine region had subsided which
 however was still tender on pressure.
 The febrile symptoms continued the
 same except that the pulse was rather
 softer. Finding my patient so much on
 the mend I prescribed nothing but
 a continuation in the use of the saline
 lavature for the purpose of keeping her
 bowels in a soluble state. November 25



I visited my patient again and was surprised
to find ~~my patient~~^{her} much worse though there
was another train of symptoms which presented
themselves; There was much pain in the
right side labored respiration which
was rendered much more harassing
by a continual hacking cough for the
relief of which I prescribed a large
plaster over the seat of
pain with a dose of ten grains of
the compound powder of Ipecacuanha
at night. November 26th Was pleased
to find that the vesicating application
had performed its office well and
that the compound powder of Ipecacuanha
had the desired effect of relieving
the pleural symptoms and procuring
for this poor woman a refreshing
night's rest to which she had been
a stranger. There was inflammatory
tenderness over the wound and the pain
had diminished in frequency five
beats in a minute. The bowels

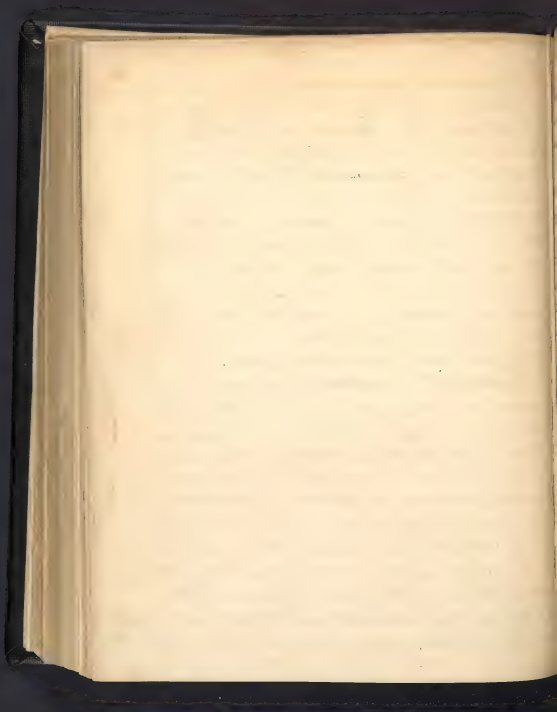


not continuing in as soluble a condition
as I could have wished I ordered half
an ounce of Opium to be administered
and the same quantity to be repeated
an hour afterwards. November 27.th I was
informed that my patient was cordially
awake, I repeated my visit again and
found that the pain in the uterus
and abdomen had returned with
redoubled violence the pulse which
had been previously only one hundred
and fifteen had now risen to
one hundred and thirty in a minute.
I determined again to have recourse
to bloodletting as it had been of
infinite service as heretofore observed.
I accordingly drew from the arm
twelve ounces of blood which again
induced a slight degree of faintness and
on the recovery of my patient from
the effects of hemorrhage she expressed
herself much better. This bleeding
convinced with the Castor oil previously



exhibited had the wished for effect
of relaxing the bowels so that four
evacuations were solicited which were
natural in comparison to those before
mentioned. There was now only a slight
pain which was referred to the uterus
the skin was warm though not natural for
it was not equally diffused over the
surface, the pulse was one hundred
and ten beats in a minute, the lochia
had returned and smelt an extremely
offensive and penetrating odour.

November 28th I repeated my visit and
was much surprised to find that this
woman was again much more indisposed
there was much irritability of the system
and in fact the whole train of febrile
symptoms much augmented. I attributed
this irritability to the premature application
of a blister. To relieve these symptoms
I resorted once more to bloodletting with
evacuations of the alimentary canal this
I effected by administering calomel and



"Rhubarb in combination ten grains of the former to twenty of the latter given in mucilage of Elm bark. I was again happy in observing that my patient was once more relieved by venesection and the purgative plan of treatment but ~~spontaneously~~ the former for no less than an hour after having bound up the arm the woman sank into a sweet and natural sleep which lasted for some hours, the pulse was now soft and unresisting and was less than one hundred beats in a minute, the tongue was clean and moist and presented an aspect quite different from any which I have ever read of. It had the appearance of a very dark red But or rather of a liver colour which was irregularly studded with small white raised points or papillae which were about the size of mustard seed. When I first observed this peculiar state of the tongue I was almost led to believe that there was mortification about to supervene

but on reflection I determined this
 could not be the case for there was
 not a symptom present which could
 warrant such a conclusion. This woman
 gradually recovered with no other mark
 of disease than that of a slight headache
 and sick stomach which was promptly
 relieved by the exhibition of an emetic.
 With this then I conclude what I have to
 say on Puerperal Fever which is most
 respectfully inscribed to each of you, and
 that you may enjoy a long life as useful
 in imparting knowledge to others and in
 mitigating the sufferings of your fellow creatures
 is the sincere wish of your friend & pupil
 William Rem Pleasants

the following is a summary of the
work done by the committee during
the past year. The committee has
been very busy in carrying out
its duties and has accomplished
much of the work assigned to it.
The committee has held several
meetings and has received many
communications from the various
departments of the institution.
The committee has also been
very active in promoting the
interests of the institution and
in securing the necessary funds
for its support. The committee
has also been very successful in
obtaining the necessary legislation
for the institution.